



REC 15-354

Knollwood Energy of MA LLC
P.O. Box 30
Chester, New Jersey 07930

August 28, 2015

NHPUC 81AUG15-PM8:09

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

Dear Ms Howland,

Enclosed please find the application for the Michael Bettmann system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506 (including new requirements 2506.01 and PUC 2506.02)

Customer and Facility Information

Michael Bettmann
70 Three Mile Road
Etna, NH 03750
magettmann@gmail.com
603.643.6758

The Nepool GIS ID # for this facility is: NON47384. Also enclosed are the Simplified Process Interconnection Application and Service Agreement, and the Certificate of Completion. An electronic version has been sent to executive.director@puc.nh.gov.

Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Linda Modica
New England REC Operations Manager
Knollwood Energy of MA LLC
973.879.7826
linda@knollwoodenergy.com

Enclosures (3)

LINKED



State of New Hampshire Public Utilities Commission

21 S. Fruit Street, Suite 10, Concord, NH 03301-2429



DRAFT APPLICATION FORM FOR RENEWABLE ENERGY CERTIFICATE (REC) ELIGIBILITY FOR CLASS I AND CLASS II SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS

Pursuant to New Hampshire Administrative Code [Puc 2500](#) Rules including Puc 2505.08, Certification of Certain Customer-Sited Sources

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter* to:
Debra A. Howland, Executive Director, New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10, Concord, NH 03301-2429
- Send an electronic version of the completed application and the cover letter electronically to executive.director@puc.nh.gov.
- The cover letter must include complete contact information and identify the renewable energy class for which the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or Barbara.Bernstein@puc.nh.gov.

- Photovoltaic (PV) solar facilities are Class II resources. Contact Barbara.Bernstein@puc.nh.gov for assistance.

Eligibility Requested for: Class I ☐ Class II ☒ Check here ☒ if this facility part of an aggregation.

If the facility is part of an aggregation, please list the aggregator's name. Knollwood Energy of MA

- Provide the following information for the owner of the PV system. (mailing address)

Applicant Name Michael Bettmann Email mabettmann@gmail.com
Address 70 Three Mile Road City Etna State NH Zip 03750
Telephone 603.643.6758 Cell _____

- For business applicants, provide the facility name and contact information (if different than applicant contact information). (Facility Address)

Facility Name _____ Primary Contact _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Cell _____
Email address: _____

- Provide a complete list of the equipment used at the facility, including the revenue grade REC meter, and, if applicable, the inverter. Your facility will not qualify for RECs without a REC meter.

equipment	quantity	Type	equipment	quantity	Type
PV panels	56	LG 275	other		
Inverter	2	Solaredge SE7600A_US	other		
meter	1	Itron CL200	other		

- A copy of the interconnection agreement and the approval to operate your PV system from your electric utility must be included with your application.
- For PSNH customers, both the *Simplified Process Interconnection Application* and *Exhibit B - Certificate of Completion* are required.

What is the nameplate capacity of your facility (found on your interconnection agreement)? 15.2 AC

What was the initial date of operation (the date your utility approved the facility)? 1/5/15

- Provide the name, license number and contact information of the installer, or indicate that the equipment was installed directly by the customer.

Installer
 Name Big Sky Renewable Energy Contact Brian Roy License # (if applicable) _____
 Address 4 Bicentennial Square City Concord State: NH Zip 03301
 Telephone 603.491.2702 email brian@bigskyre.com

If the equipment was installed directly by the customer, please check here: ☐

- Provide the name and contact information of the equipment vendor.

☐ X Check here if the installer provided the equipment and proceed to the next question.

Business Name _____ Contact _____
 Address _____ City _____ State _____ Zip _____
 Telephone _____ email _____

- If an independent electrician was used, please provide the following information.

Electrician's Name Troy Corey License # 12571M

Business Name A1 Electric Email A1electric@yahoo.com
Address 54 Healey Rd City Candia State NH Zip 03034

- **Provide the name of the independent monitor for this facility.** (A [list](http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm) of approved independent monitors is available at http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm.)

Independent Monitor's Name Paul Button Energy Audits Unlimited

Is the facility certified under another state's renewable portfolio standard? yes ☐ no ☒
If "yes", then provide proof of the certification as **Attachment C**.

- *Please note, if your facility is part of an aggregation, your aggregator should provide you with the following information.*
- *In order to qualify your facility's electrical production for Renewable Energy Certificates (RECs), you must register with the NEPOOL – GIS. Contact information for the GIS administrator follows:*

James Webb
Registry Administrator, APX Environmental Markets
224 Airport Parkway, Suite 600, San Jose, CA 95110
Office: 408.517.2174 jwebb@apx.com

If you are not part of an aggregation, Mr. Webb will assist you in obtaining a GIS facility code.

GIS Facility Code # NON47384 Asset ID # NON47384

- **Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes.** Use either the following affidavit form or provide a separate document.
- **The Commission requires a notarized affidavit as part of the application.**

AFFIDAVIT

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes. (please see attached)

Applicant's Signature _____ Date _____

Applicant's Printed Name Linda Modica

Subscribed and sworn before me this _____ Day of _____ (month) in the year _____

County of _____ State of _____

Notary Public/Justice of the Peace

- **Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes.** Use either the following affidavit form or provide a separate document.
- **The Commission requires a notarized affidavit as part of the application.**

AFFIDAVIT

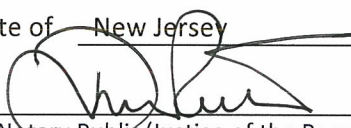
The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature  Date 8/25/15

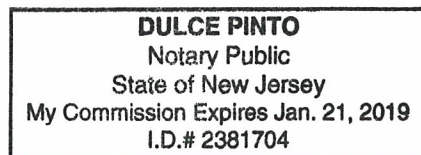
Applicant's Printed Name Linda Modica

Subscribed and sworn before me this 25 Day of August (month) in the year 2015

County of Morris State of New Jersey


Notary Public/Justice of the Peace

My Commission Expires _____



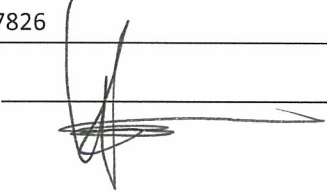
My Commission Expires _____

- Complete the following checklist. If you have questions, contact barbara.bernstein@puc.nh.gov.

CHECK LIST: The following has been included to complete the application:	YES
• All contact information has been provided.	X
• A copy of the interconnection agreement. PSNH Customers should include both <i>the Interconnection Standards for Inverters Sized up to 100 KVA</i> and <i>Exhibit B – Certification of Completion for Simplified Process Interconnection</i> .	x
• Documentation of the distribution utility's approval of the installation.*	x
• If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS.	
• A signed and notarized attestation.	x
• A GIS number obtained from the GIS Administrator.	x
• The document has been printed and notarized.	x
• The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC.	x
• An electronic version of the completed application has been sent to executive.director@puc.nh.gov .	x
*Usually included in the interconnection agreement.	

- If the application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here ☐ and skip this section.

PREPARER'S INFORMATION

Preparer's Name Linda Modica Email address: linda@knollwoodenergy.com
Address PO Box 30 City Chester State NJ Zip 07930
Telephone 973.879.7826 Cell _____
Preparer's Signature: 

Simplified Process Interconnection Application and Service Agreement

Contact Information:

Date Prepared: 6-25-14

Legal Name and Address of Interconnecting Customer (or, Company name, if appropriate):

Customer or Company Name (print): Ellen Bettmann Contact Person, if Company: _____

Mailing Address: 70 Three Mile Rd

City: Etna State: NH Zip Code: 03750 E-Mail: mabettmann@gmail.com

Telephone (Daytime): 603.643.6758 (Evening): _____ Facsimile Number: _____

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):

Name: BigSky Renewable Energy LLC

Mailing Address: 4 Bicentennial Sq, Suite 3A Unit 2

City: Concord State: NH Zip Code: 03301 E-Mail: brian@bigskyre.com

Telephone (Daytime): 603.491.2702 (Evening): _____ Facsimile Number: 800.371.0838

Electrical Contractor Contact Information (if appropriate):

Name: A1 Electric / Troy Corey Telephone: 603.625.9599

Mailing Address: 54 Healey Rd

City: Candia State: NH Zip Code: 03034

Facility Information:

Address of Facility: 70 Three Mile Rd

City: Etna State: NH Zip Code: 03750

Electric Supply Co.: Liberty Utilities Acct #: 39953-34009 Meter #: 77141975

Gen/Inverter Manu.: Solaredge Model Name and #: SE7600A-US Quantity: 1

Nameplate Rating: 7.6 (kW) _____ (kVA) 240 (AC Volts) Single ☒ or Three _____ Phase

System Design Capacity: 7.7 (kVA) _____ (kVA) Battery Backup: Yes: _____ No: ☒

Net Metering: If Renewably Fueled, will the account be Net Metered? Yes: ☒ No: _____

Prime Mover: Photovoltaic ☒ Recip'g Engine ☐ Fuel Cell ☐ Turbine ☐ Other: _____

Energy Source: Solar ☒ Wind ☐ Hydro ☐ Diesel ☐ Nat Gas ☐ Fuel Oil ☐ Other: _____

UL 1741.1 (IEEE 1547.1) Listed? Yes: ☒ No: _____ External Manual Disconnect: Yes: ☒ No: _____

Estimated Install Date: 6-30-14 Estimated In-Service Date: 7-1-14

Interconnecting Customer Signature

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions on the following page:

Customer Signature: Ellen Bettmann Title: Owner Date: 6-25-14

Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing.

Approval to Install Facility (For Company use only: Installation of the Facility is approved contingent upon the terms and conditions of this Agreement, and agreement to any system modifications, if required.

Are system modifications required? Yes: _____ No: ☒ To be Determined _____

Company Signature: [Signature] Title: ENGINEERING Date: 6/26/14

Company waives inspection/Witness Test? Yes: ☒ No: _____

Dated: July 03, 2012

Effective: July 03, 2012

Issued by: s. Victor D. Del Vecchio

Victor D. Del Vecchio

Title: President

Authorized by Docket No. DG 11-040, NHPUC Order No 25,370, Dated 05/30/2012

2014-21



HANOVER, NEW HAMPSHIRE 03755
Department of Planning and Zoning
P.O. Box 483 (603) 643-0708

CERTIFICATE OF OCCUPANCY/ COMPLETION

OWNER'S NAME: Ellen Bettmann BUILDING PERMIT: 2014-272
OWNER'S ADDRESS: c/o Brian Roy, Project Agent ZONING PERMIT: 2014-265
PROJECT LOCATION: 70 Three Mile Road MAP: 10 BLOCK: 21 ZONE: RR
BUILDING DESCRIPTION: Use Group: R3 Construction Type: 5B Occupancy Classification: _____
PROJECT DESCRIPTION: PHOTOVOLTAIC SYSTEM (GROUND-MOUNTED), GENERATOR

PLANNING BOARD CASE NO.: N / A ZONING BOARD CASE NO.: N / A
SITE PLAN REVIEW CERTIFICATE OF COMPLIANCE COMPLETED: N / A
Date

The following Town Departments and Utilities certify that to the best of their knowledge the above building and its required utilities (or portions for which the permit is applicable) have been completed in accordance with the documents submitted and approved for this project. **This certificate is not a guarantee of compliance with all applicable requirements or of the safety of the structure.**

PLANNING & ZONING DEPT: Senior Planner N / A
Zoning Administrator _____
FIRE DEPT: Fire Chief Please refer to Inspections Log
WATER COMPANY: Hanover Water Company
PUBLIC WORKS DEPT: Highway Department

CONDITIONS OF APPROVAL COMPLETED:

_____ Date

OWNER/AGENT: 
Signature

11-21-14
Date

ISSUED: _____
Building Inspector

_____ Date

* Condition(s) listed on REVERSE side (if applicable).



HANOVER, NEW HAMPSHIRE 03755
Department of Planning and Zoning
P.O. Box 483 (603) 643-0708

CERTIFICATE OF OCCUPANCY/ COMPLETION

OWNER'S NAME: Ellen Bettmann BUILDING PERMIT: 2015-065
OWNER'S ADDRESS: c/o Brian Roy, Project Agent ZONING PERMIT: 2015-042
PROJECT LOCATION: 70 Three Mile Road MAP: 10 BLOCK: 21 ZONE: RR
BUILDING DESCRIPTION: Use Group: R3 Construction Type: 5B Occupancy Classification: _____
PROJECT DESCRIPTION: INSTALL PHOTOVOLTAIC SYSTEM; ADD SOLAR ARRAY TO EXISTING

PLANNING BOARD CASE NO.: N / A ZONING BOARD CASE NO.: N / A
SITE PLAN REVIEW CERTIFICATE OF COMPLIANCE COMPLETED: N / A
Date

The following Town Departments and Utilities certify that to the best of their knowledge the above building and its required utilities (or portions for which the permit is applicable) have been completed in accordance with the documents submitted and approved for this project. **This certificate is not a guarantee of compliance with all applicable requirements or of the safety of the structure.**

PLANNING & ZONING DEPT: Senior Planner N / A
Zoning Administrator [Signature]
FIRE DEPT: Fire Chief Please refer to Inspections Log
WATER COMPANY: Hanover Water Company _____
PUBLIC WORKS DEPT: Highway Department _____

CONDITIONS OF APPROVAL COMPLETED: _____

OWNER/AGENT: [Signature] Date _____
Signature 4/2/15
Date 4/22/15
ISSUED: [Signature] Date 4/22/15
Building Inspector

* Condition(s) listed on REVERSE side (if applicable).